



# MMP Short Form 2 for Annual Updates

for \_\_\_\_\_, ID # \_\_\_\_\_

Section \_\_\_\_\_, \_\_\_\_\_ Township, \_\_\_\_\_ County

Facility Address \_\_\_\_\_  
[Town] [State] [Zip]

Date \_\_\_\_\_ Contact \_\_\_\_\_ Phone: \_\_\_\_\_

Iowa law requires that confinement feeding operations submit updated manure management plans (MMP's) and fees on an annual basis. An MMP update for the operation indicated above is due \_\_\_\_\_. The update, which must be submitted on this form, may be submitted any time in the 45-day period prior to the due date. If the update is not submitted to the appropriate DNR field office by the due date, a Notice of Violation will be issued. **If a complete update, including fees, is not submitted by the end of the month in which it is due, the matter will be referred to our legal services section for enforcement action, including a \$3,000 penalty.** If the update is mailed to the field office, it will be considered submitted on the date postmarked.

Certain information on this form, such as the facility name and location and contact information, has been "pre-filled" based on information available in our files. If incorrect or incomplete information is present on any part of the form, you are to make corrections as needed. Then:

1. Check the box(es) below that apply to your operation.
2. Make copies of this form for yourself, the appropriate county(ies) and the DNR field office.
3. Submit a copy of this form and the changes to the plan to the appropriate county(ies).
4. Submit a copy of this form (signed by the facility owner and by the county(ies)) to the appropriate DNR field office. You do not need to submit the changes to the DNR field office, only this form. Any additional information that is submitted to the DNR field office will be discarded without review.

Changes indicated below must be included in your current, on-site copy of the MMP (kept within 30 miles of the site). Prior to making changes in manure management practices, the on-site copy must be updated to show the proposed changes.

- ☐ I have made no changes to my MMP.
- ☐ I have made the following changes to my MMP.
  - ☐ I have added acres.
  - ☐ I have changed my crop rotation or optimum yields.
  - ☐ My type of feeding system has changed.
  - ☐ I used a different method of application.
  - ☐ I am using a manure analysis for determining application rates when applying manure
- ☐ The animal unit capacity of my facility has changed. (Contact your local DNR field office.)
- ☐ I have made other changes to my MMP. (describe)

\_\_\_\_\_  
\_\_\_\_\_

Signature of Facility Owner \_\_\_\_\_ Date \_\_\_\_\_

**VERIFICATION OF COUNTY RECEIPT:** I have received a complete copy of the annual MMP update.

County \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

County \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

County \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**To be approved, the update must be submitted on this form, at least one of the boxes above must be checked, the form must be signed by the county and the facility owner, and the fees must be paid.**